Division of Health Care Finance & Administration

Health Care Innovation Initiative

Executive Summary

Congestive Heart Failure (CHF) Acute Exacerbation Episode

Corresponds with DBR and Configuration file V4.0

Updated: January 2, 2020

OVERVIEW OF A CONGESTIVE HEART FAILURE ACUTE EXACERBATION EPISODE

The congestive heart failure (CHF) acute exacerbation episode revolves around patients who are diagnosed with an acute exacerbation of congestive heart failure. The trigger event is an inpatient admission, observation, emergency department, or outpatient IV infusion clinic visit where the primary diagnosis is an acute or unspecified CHF diagnosis code. In addition, an inpatient admission, observation, emergency department, or outpatient IV infusion clinic visit with one of the following diagnosis combinations is also a potential trigger:

- The primary diagnosis is chronic heart failure diagnosis code, with a secondary diagnosis code from among either the CHF acute exacerbation trigger diagnosis codes or the CHF signs and symptoms diagnosis codes
- The primary diagnosis is a CHF signs or symptoms diagnosis code, with a secondary diagnosis code from among either the CHF acute exacerbation trigger diagnosis codes or chronic heart failure diagnosis codes

All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the facility where the acute exacerbation of CHF was ultimately treated. The CHF acute exacerbation episode begins on the day of the triggering visit and ends 30 days after discharge.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during a CHF acute exacerbation episode to improve the quality and cost of care. Example sources of value include the efficient use of imaging and testing and the reduction of unnecessary admissions. Additionally, based on the patient's clinical status and diagnosis, providers can select an appropriate site of care and length of observation/stay for the treatment, as well as reduce complications such as repeat exacerbations.

To learn more about the episode's design, please reference the following documents on our website at www.tn.gov/hcfa/topic/episodes-of-care:

- *Detailed Business Requirements: Complete technical description of the episode*
  http://www.tn.gov/assets/entities/hcfa/attachments/AcuteExacerbation.pdf

- *Configuration File: Complete list of codes used to implement the episode*
  http://www.tn.gov/assets/entities/hctrfa/attachments/CHF.xlsx

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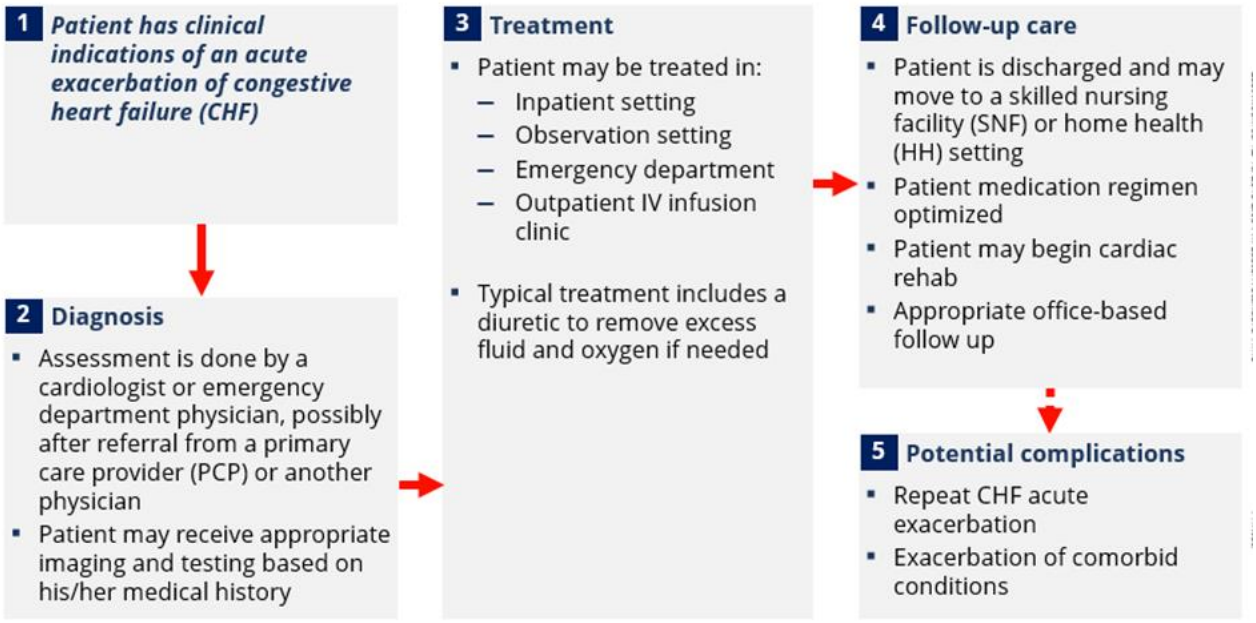
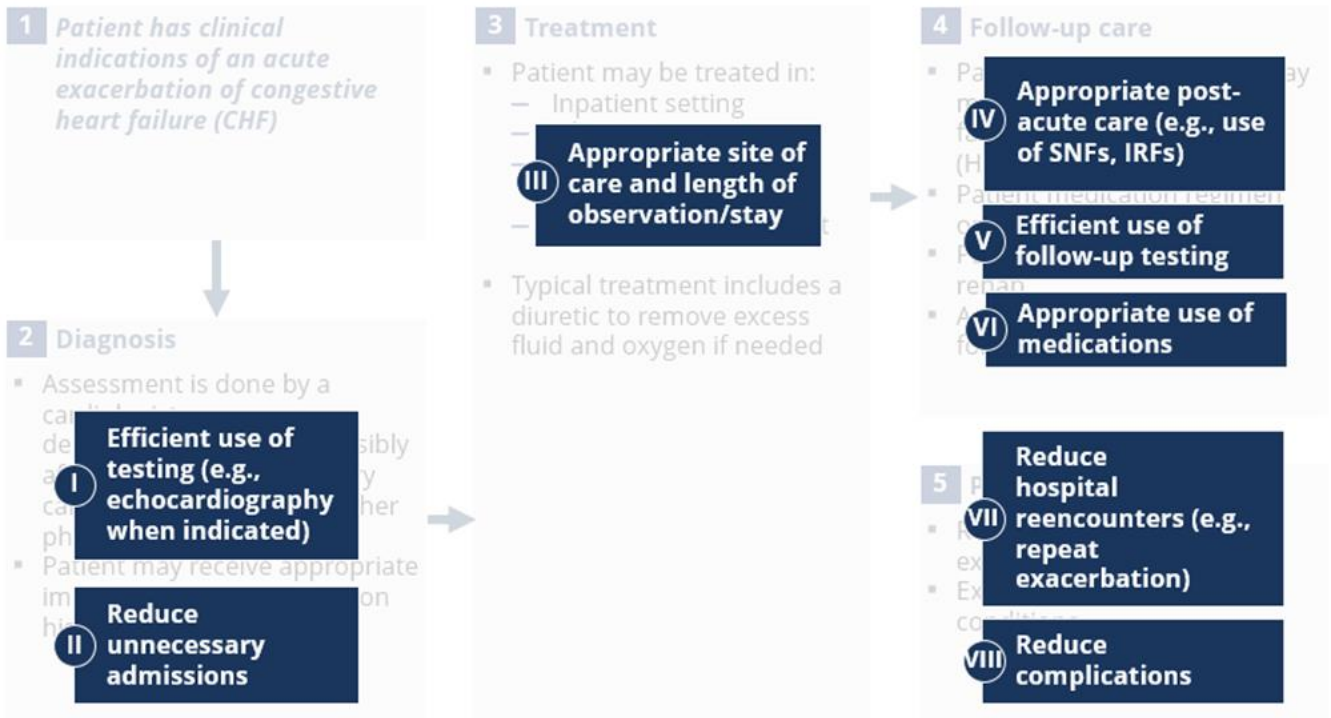
Illustrative Patient Journey



Potential Sources of Value



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ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the CHF acute exacerbation episode, the quarterback is the facility where the CHF acute exacerbation was ultimately treated. The contracting entity or tax identification number of the facility where the CHF acute exacerbation is ultimately treated will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the CHF acute exacerbation in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The CHF acute exacerbation episode has no pre-trigger window. During the trigger window, all services and all medications are included. The post-trigger window includes specific care after discharge, specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to a CHF acute exacerbation episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of ‘left against medical advice’. Other examples of exclusion criteria specific to the CHF acute exacerbation episode include a patient

who has a history of or current ECMO, or a patient who has a ventricular assistant device (VAD). These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of CHF acute exacerbation episodes include a triggering event involving diastolic heart failure, or a history of inotropic support or palliative care. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the CHF acute exacerbation episode is:

- **Follow-up care within the post-trigger window:** Percent of valid episodes where the patient receives relevant follow-up care within the post-trigger window (higher rate indicative of better performance).

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Follow-up care within the first seven days of post-trigger window:** Percent of valid episodes where the patient receives relevant follow-up care within the first seven days of the post-trigger window (higher rate indicative of better performance).
- **Admission from the emergency department within the post-trigger window:** Percent of valid episodes with an admission from a relevant ED

visit within thirty days of discharge from the triggering event (lower rate indicative of better performance).

- **Admission within the post-trigger window:** Percent of valid episodes with a relevant admission or relevant observation care within thirty days of discharge from the triggering event (lower rate indicative of better performance).
- **Mortality:** Percent of total episodes with patient mortality within the episode window (lower rate indicative of better performance).
- **Utilization of functional status assessment:** Percent of total episodes where patient received quantitative symptom/activity assessment during episode (higher rate indicative of better performance).

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.